

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047334

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. R-59 Primary Registration District No. 4098 Registrar's No. 208

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0191

2 0191

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4 0

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7 1

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9 420.1

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12 70-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 31 1963

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Belton</u>		c. CITY OR TOWN <u>Belton</u>	
Length of stay in 1b <u>81 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>110 S. Scott Ave.</u>		d. STREET ADDRESS (If outside, give location) <u>110 S. Scott Ave.</u>	
3. NAME OF DECEASED (Type or print) First <u>EDWIN</u> Middle <u>EUGENE</u> Last <u>HAWTHORNE</u>		4. DATE OF DEATH Month <u>December</u> Day <u>21</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-4-1880</u>
9. AGE (last birthday) <u>83</u>		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>10</u> Hours <u>10</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Marchant (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Store</u>	
11. BIRTHPLACE (City and state or country) <u>Sumner County, Kans.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Andrew Carson Hawthorne</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Ross</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Maude Yost Hawthorne</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Mrs. Maude Yost Hawthorne, Belton, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION, ACUTE</u> Interval between onset and death <u>5 MIN.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>CORONARY OCCLUSION, ACUTE</u> Interval between onset and death <u>5 MIN.</u> DUE TO (c) <u>CORONARY ATHEROSCLEROSIS</u> Interval between onset and death <u>10+ YRS.</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>MYOCARDITIS, CHRONIC, WITH ATRICULAR FIBRILLATION CHRONIC</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>11:10</u> a.m. <u>11:10</u> p.m. <u>11:10</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>BELTON</u>		COUNTY <u>CASS</u> STATE <u>MISSOURI</u>	
21. I attended the deceased from <u>MAY 23, 1949</u> to <u>DEC. 21, 1963</u> and last saw him alive on <u>NOV. 29, 1963</u> Death occurred at <u>11:10 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Herbert A. Tracy</u> MD	
22b. ADDRESS <u>Belton, Missouri</u>		22c. DATE SIGNED <u>12/23/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-24-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Belton, Cemetery</u>		23d. LOCATION (City, town, or county) <u>Belton, Missouri</u>	
24. FUNERAL DIRECTOR <u>E.K. George & Sons, Inc., Belton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-26-63</u>	
26. REGISTRAR'S SIGNATURE <u>Ray J. Seabee</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 7 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jimmy S. Huchshorn

Licensed Embalmer No. 4092

P. O. Address Belton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.